Revisiting Research Priorities: 'Closing the Gap' with a fence in the way

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Abstract: A little bit more of the same will not close the gap

In July 2009, Chairman Don Banks summarised some hundreds of pages of a Productivity Commission report on Overcoming Indigenous Disadvantage in a speech that found no use for the word ‘racism’. His speech did contain a number of assertions about Indigenous mothers, tobacco use, personal responsibility, the baby bonus and (in different terms) people 'trashing' their houses. The report had been released a week before to coincide with the Council of Australian Governments (COAG) meeting which added six Headline Indicators and seven Strategic Areas for Action to the existing six National Targets relevant to ‘closing the gap’ between Aboriginal and Torres Strait Islander peoples and Non-Indigenous Australians. Echoing Banks, the target of interventions to address Indigenous disadvantage is Indigenous Australia. Little emphasis is placed on addressing the wider Australian context in which those Indigenous lives are lived out, yet this is the ground upon which all endeavours to ‘close the gap’ succeed or flounder.

With public accountability in mind, an earlier COAG meeting had noted that “[s]ustained improvement in outcomes for Indigenous people can only be achieved by systemic change”. This is apt, but can be construed differently: the systems lacking visibility in the COAG initiatives – workforce education, the health bureaucracy, the research translation process, the policy implementation process - may, in fact, interweave to create a primary barrier to success: a ‘fence’ in the way. Concrete actions to ameliorate the impact of Indigenous disadvantage are not confined to fresh programmes and infrastructure: for health outcomes to improve, there is a central need for practitioners and health services to be culturally-safe. In 2002, Ring and Brown proposed that, in essence, we know what to do to improve Indigenous health: rather, we lack the political will to do it. The clear objectives of the COAG initiatives have to contend with what Nicholas Rothwell has called, in the Northern Territory context, the “fog” enveloping much public life – croniyism, careerism, paternalism and, particularly, racism, can constitute potent barriers to change. Limited research funds may be most-usefully deployed in politically-unattractive areas: making inroads into the social determinants of Indigenous health, improved pedagogy to address resistance amongst a major cohort of health professions students, addressing racism in health settings, embedding cultural safety as a quality assurance issue, and furthering Health in All Policies research.

4 Rothwell, N. Private communication, 2010